

EXHIBIT 1

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: NATIONAL FOOTBALL LEAGUE	:	No. 2:12-md-02323-AB
PLAYERS' CONCUSSION INJURY	:	
LITIGATION	:	MDL No. 2323

THIS DOCUMENT RELATES TO:

ALL ACTIONS

Hon. Anita B. Brody

DECLARATION OF ORRAN L. BROWN, SR.

I, ORRAN L. BROWN, SR., hereby declare and state as follows:

1. My name is Orran L. Brown, Sr. I am the Chairman and a founding partner of BrownGreer PLC, located at 250 Rocketts Way, Richmond, Virginia 23231. BrownGreer PLC is the Claims Administrator under the Class Action Settlement Agreement in this action.

2. I am over the age of 21. The matters set forth in this Declaration are based upon my personal knowledge and information.

3. I submit this Declaration to describe seven Opt Out revocation requests we recently received.

4. In its April 22, 2015 Final Approval Order and Judgment, the Court directed the Claims Administrator to make public a list of Opt Outs as of that date. We posted on the official Settlement website a list of the Opt Outs that were timely and included all the elements required for a valid Opt Out under Section 14.2(a) of the Settlement Agreement (175 names at the time) and a list of the Opt Outs that were untimely and/or were missing one or more of Section 14.2(a)'s required elements (33 names at the time).

5. Section 14.2(c) of the Settlement Agreement provides that a Class Member who had Opted Out but wished to revoke that Opt Out could submit a written request to do

so “[p]rior to the Final Approval Date.” At various times after the April 22, 2015 Final Approval Date, 44 people who had Opted Out submitted requests to revoke their Opt Outs. The Parties to the Settlement Agreement agreed to accept those revocation requests, subject to Court approval, and reported the requests to the Court. By Orders of July 15, 2015 (Document 6642), December 22, 2015 (Document 6713), January 26, 2016 (Document 6739), September 15, 2016 (Document 6907), October 25, 2016 (Document 6924), November 8, 2016 (Document 6937), December 21, 2016 (Document 7033), January 18, 2017 (Document 7084), January 20, 2017 (Document 7097), February 6, 2017 (Document 7119), March 9, 2017 (Document 7264), March 20, 2017 (Document 7297), March 28, 2017 (Document 7374), April 11, 2017 (Document 7471), April 13, 2017 (Document 7478), April 24, 2017 (Document 7547), May 2, 2017 (Document 7594), May 18, 2017 (Document 7674), May 25, 2017 (Documents 7763 and 7764), June 26, 2017 (Document 7848), July 17, 2017 (Document 8023), July 18, 2017 (Document 8033), and July 19, 2017 (Document 8038), the Court has approved all of the revocations. As a result, we no longer counted those persons as Opt Outs and posted on the Settlement website a revised list of Timely Opt Out Requests Containing All Information Required by Section 14.2(a) or Otherwise Approved by the Court (the “Timely Opt Out List”) to reflect the results of the Orders. That Timely Opt Out List now contains 137 names, including six persons whose Opt Outs the Court directed be added to the list in its Orders of September 8, 2016 (Document 6902) and March 6, 2017 (Document 7244).

6. We have recently received new revocation requests from seven persons who are on the Timely Opt Out List:

(a) Andrew Dorris: Attachment 1 to this Declaration.

- (b) Mike Fanning: Attachment 2.
- (c) Marvin D. LaRose: Attachment 3.
- (d) Dante Pastorini: Attachment 4.
- (e) Luis Sharpe: Attachment 5.
- (f) Jerry Sherk: Attachment 6.
- (g) Edward White: Attachment 7.

We have removed personal information from these attachments. The Parties to the Settlement Agreement have agreed to accept all seven revocation requests, subject to Court approval. If the Court grants its approval, we no longer will count these persons as Opt Outs and, upon direction of the Court, will post a revised Timely Opt Out List on the Settlement website.

I, Orran L. Brown, Sr., declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct. Executed on this 20th day of July, 2017.

A handwritten signature in blue ink, appearing to read "Orran L. Brown, Sr.", is positioned above a horizontal line.

Orran L. Brown, Sr.

NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

Name	First Andrew (ANDY)	M.I. M	Last DORRIS
Mailing Address	Address 1		
	Address 2		
	City	State	Zip
Telephone Number			
Date of Birth	(Month/Day/Year)		
Settlement Class Member Type	<input checked="" type="checkbox"/> I am a Retired NFL Football Player. <input type="checkbox"/> I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. <input type="checkbox"/> I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.		

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature		Date	07/10/2017 (Month/Day/Year)
-----------	---	------	---------------------------------------

III. HOW TO SUBMIT THIS FORM

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By Mail: <input checked="" type="checkbox"/>	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Online Portal:	Go to your secure online portal with the Claims Administrator and upload this signed PDF.

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

Name	First Mike	M.I. L	Last Fanning
Mailing Address	Address 1		
	Address 2		
	City	State	Zip
Telephone Number			
Date of Birth	(Month/Day/Year)		
Settlement Class Member Type	<input checked="" type="checkbox"/> I am a Retired NFL Football Player. <input type="checkbox"/> I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. <input type="checkbox"/> I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.		

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature		Date	07/19/2017 (Month/Day/Year)
------------------	---	-------------	--------------------------------

III. HOW TO SUBMIT THIS FORM

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Online Portal:	Go to your secure online portal with the Claims Administrator and upload this signed PDF.

NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**


A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

Name	First Marvin	M.I. D.	Last LaRose
Mailing Address	Address 1		
	Address 2		
	City	State	Zip
Telephone Number			
Date of Birth	(Month/Day/Year)		
Settlement Class Member Type	<input checked="" type="checkbox"/> I am a Retired NFL Football Player. <input type="checkbox"/> I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. <input type="checkbox"/> I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.		

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature		Date	07/11/2017 (Month/Day/Year)
------------------	---	-------------	--------------------------------

III. HOW TO SUBMIT THIS FORM

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Online Portal:	Go to your secure online portal with the Claims Administrator and upload this signed PDF.

www.NFLConcussionSettlement.com

ATTACHMENT 3

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

Name	First Dante	M.I. A	Last Pastorini
Mailing Address	Address 1		
	Address 2		
	City	State	Zip
Telephone Number			
Date of Birth	(Month/Day/Year)		
Settlement Class Member Type	<input checked="" type="checkbox"/> I am a Retired NFL Football Player. <input type="checkbox"/> I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. <input type="checkbox"/> I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.		

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature	<i>Dan Pastorini</i>	Date	0 7 / 1 6 / 2 0 1 7 (Month/Day/Year)
------------------	----------------------	-------------	---

III. HOW TO SUBMIT THIS FORM

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Online Portal:	Go to your secure online portal with the Claims Administrator and upload this signed PDF.

NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

Name	First	M.I.	Last
	Jerry	M	Sherk
Mailing Address	Address 1		
	Address 2		
	City	State	Zip
Telephone Number			
Date of Birth	(Month/Day/Year)		

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature		Date	07/17/2017 (Month/Day/Year)
------------------	---	-------------	--------------------------------

III. HOW TO SUBMIT THIS FORM

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Online Portal:	Go to your secure online portal with the Claims Administrator and upload this signed PDF.

NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**

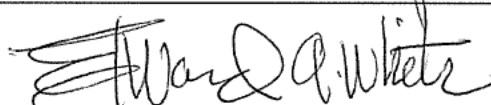
A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

Name	First EDWARD	M.I. A.	Last WHITE
Mailing Address	Address 1		
	Address 2		
	City	State	Zip
Telephone Number			
Date of Birth	(Month/Day/Year)		
Settlement Class Member Type	<input checked="" type="checkbox"/> I am a Retired NFL Football Player. <input type="checkbox"/> I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player. <input type="checkbox"/> I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.		

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature		Date	10/17/11/18/12/01/17 (Month/Day/Year)
------------------	---	-------------	--

III. HOW TO SUBMIT THIS FORM

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Online Portal:	Go to your secure online portal with the Claims Administrator and upload this signed PDF.